

**ALFRETON**

**URBAN DISTRICT COUNCIL.**

---

**Dr. EDWARD GAYLOR'S**

**33rd ANNUAL REPORT**

**AS MEDICAL OFFICER OF HEALTH,**

**From January 1st to December 31st, 1905.**

---

**TO WHICH IS ADDED**

**The Report of the Inspector**

**of Nuisances**

**(Mr. JOB SPENCER).**

---



# To the ALFRETON URBAN DISTRICT COUNCIL.

---

GENTLEMEN,

This is my Thirty-Third Annual Report of the Vital Statistics of your district, for the year 1905.

Scarlet Fever has again existed in all parts of the district, but there has been a great reduction in the number of cases notified.

In 1904 there were 126 cases of Scarlet Fever, and 81 of these were removed to Hospital.

For the year 1905 there were 69 cases of Scarlet Fever notified, and 49 of these were admitted into the Hospital.

There has also been an epidemic of Measles in the district which caused the deaths of 16 children, 15 of them being under the age of five years.

I give the number of notifiable diseases since the Census of 1901 :—

1901	...	...	...	107
1902	..	...	...	45
1903	...	...	...	49
1904	...	...	...	181
1905	...	...	...	99

These notifiable diseases are as follows :—

Small Pox  
Cholera  
Diphtheria  
Membranous Croup  
Erysipelas  
Scarlet Fever  
Enteric or Typhoid Fever  
Puerperal Fever

Measles, Whooping Cough, and Diarrhœa, are not notifiable.

I have given details of the principal cases of Scarlet Fever, Measles, etc., under their respective headings in the body of the report.

Though we should be more satisfied if we could reduce the number of Scarlet Fever cases, which give so much trouble and cost a great deal of money, the general condition of the district has been satisfactory.

The total number of deaths from all causes in the year 1905 was 226.

This is the smallest number of Registered deaths for the last nine years.

Table I. shows the average number of deaths for the last ten years to be 260, and the average rate of Mortality for the same period is 15·05 per 1,000.

The total rate of mortality for 1905 is the lowest rate for the last ten years, and is the very satisfactory figure of 12·31 per 1,000.

There has been a great deal of Sanitary work done, and there is every where in the district evidences of great improvements, which should tend to promote the health of the inhabitants.

## Scarlet Fever.

Sixty-nine cases of this disease were notified during the year 1905, and 49 Scarlet Fever patients were admitted to the Isolation Hospital.

These fever cases were distributed all over the district, and for the most part they were of a very mild type.

There were five deaths from Scarlet Fever during the year.

Three of them died at their homes and two at the Isolation Hospital.

The two deaths at the Hospital were a male seven years old, of Alfreton, and an infant seven months old of Ironville.

The three cases where death took place at their homes were as follows:—Female, 12 months, at Somercotes ; Male, two years, at Somercotes ; Female, 22 years, at Somercotes.

I give some details of the noticeable cases below.

Of these 69 cases of Scarlet Fever the majority of them were of a really mild type, and if they could by any means have been isolated, there would have been no necessity of removing them to Hospital.

The County Medical Officer in his annual report for 1904, expresses the opinion, that mild cases of Scarlet Fever need not be sent to Hospital, and if certain difficulties could be removed I should quite agree with him.

There are only a few cottages where any sort of Isolation could be possible, and if the patient remains at home, the neighbours will visit the house, and be one means of disseminating it in the neighbourhood.

Then very few of the Cottagers understand in any way the nursing of a Scarlet Fever case, and those who did, would every day have to leave the patient at frequent intervals to provide the food for the other inmates, and spread the disease by coming direct from the sick room to prepare food and mix up with the family.

In a good many cases the patient having the disease in a mild form, would feel fairly well in a very few days, and would be a very great trouble to keep in confinement for six weeks.

There is also the difficulty with employers of labour, and very often with the bread-winners—fellow workmen.

Neither party will have the Labourers or other kinds of workmen, from an infected house, so that keeping mild cases of Scarlet Fever at home, entails in many instances great expense, and in a fashion would go a long way to manufacture pauperism.

On the other side of the question, Hospitals are very expensive institutions, and when these mild cases were removed there it was very costly, and the beds they occupy are often wanted for more serious and important cases.

It is a question whether it would cost less money to pay the workmen their wages, or provide them with lodgings away from their homes while the disease exists there than it does for residence for at least six weeks in Hospital and the cost of conveyance there.

Another difficulty about cottage isolation is that there are no fire-places in a good many cottage bedrooms and this fact would be a strong objection both to the patients condition and welfare, and to the comfort of the attendant.

The diet of the fever patient is very important, and the preparation of the food requires judgment and the utmost cleanliness of the cooking utensils.

Table III. shows that out of the 69 Scarlet Fever cases in 1905, twenty-five were under the age of five years, and 37 between the ages of five and 15 years, giving a total of 62 cases of Scarlet Fever at what may be called infancy and school age.

The total deaths from Scarlet Fever in England and Wales for the year 1905, was 3778.

The first case of Scarlet Fever in the year 1905 occurred at a house at Birchwood.



A girl, six years old, was taken to Hospital from a very dirty house, and the six inmates would have been all the better by undergoing a cleansing process. The sanitary arrangements were satisfactory, but lacked proper attention.

Another Hospital case was from Greenhill Lane :

A boy, four years old, had the Disease without any satisfactory history ; but the premises were in a very bad state.

There were two houses here, and a very insanitary closet for their joint accommodation. It required re-building, and I advised each of the houses to have their own.

Pigs were kept a distance from the houses, but adjoined this closet, where was also a foul cesspool. The backyard was out of repair, but drainage was fairly good.

Another case in the same District was that of a boy, seven years old, who went to the Hospital. At this place there was no ash-place, and a loose heap of ashes and other refuse was placed at the gable end of the house, exposed to all weathers, rain or sunshine.

A third case removed to Hospital from the same locality was a girl, five years old, and the Sanitary conditions here were quite satisfactory.

A girl was removed to Hospital from Ironville. With the exception of a badly-paved yard, there seemed nothing amiss, but complaints were made about bad smells, either from house drain or sewer.

A boy, two years old, went to Hospital from Alfreton, and the history obtained was as follows :—This family had friends living at Westhouses, and visited them, taking this boy with them. It appeared there had been a case of Scarlet Fever at this house three or four weeks previously, and this was most likely the origin of the Fever in this case.

A man, 34 years of age, living at Outram Terrace, had what was at first considered to be a mild case of Influenza, and the doctor saw him once or twice at a part of his illness. The man mixed up with his family during his slight ailment, and eventually the doctor called in to see him, and found the patient in the Desquamation stage of Scarlet Fever.

This is another of those very mild types of Scarlet Fever which are very difficult of diagnosis, and which are frequently unrecognised altogether, either by the patient or the friends, and permit of the person so affected mixing up with the family and going to school, or about his or her daily duties.

A boy, four years of age, residing at Ironville, took Scarlet Fever under the following circumstances :

A boy from Kirk Langley went to Hospital with Scarlet Fever, and when he was discharged he came to Ironville direct from the Hospital on the 22nd of April to stay with some friends for a change before he went back home.

There were no children at the house where he stayed, but there were in the next yard, and they played together.

On the tenth day, this boy, four years of age, was pronounced to be suffering from Scarlet Fever, and was removed to the Hospital.

There had been no cases of Scarlet Fever in Ironville since the middle of January, four months previous.

Two doors from this house a girl, seven years old, had the Disease about five weeks afterwards, but went on very well.

At Somercotes Hill, a child, a year old, died of Scarlet Fever after a week's illness. At this place there were four houses, two dilapidated closets, and ash-pit, the wall of the latter, opposite the back door of this house, being broken down.

At Greenhill Lane, a child, five years old, was removed to Hospital.

The closet accommodation here was very defective, and a proper ash-place or receptacle was also required.

At Somercotes, a boy, five years of age, had Scarlet Fever, and was

isolated at home. There were five houses here, with two closets and open ash-pit.

A boy, eight years old, was removed to Hospital from Alfreton, with the following history :

A boy, residing next door, came home from the Hospital on the 15th of July, and this boy began to be ill on the 18th, three days after. They were companions, and had played together.

A child, 18 months old, was taken to Hospital from Shaw Street, Greenhill Lane. There was nothing to complain of about the premises.

At Meadow Lane, Alfreton, a girl, two-and-a-half years old, was taken to Hospital.

The drainage here required attention by the provision of a gully.

At Ironville, a boy, five years old, was taken to Hospital. A gully and new pipe to slop stone were required here.

A boy, four years of age, was taken to Hospital from Independent Hill, Alfreton. His brother had been in Hospital with the same Disease, and had been at home from Hospital about a month. At that time the place was thoroughly cleaned and disinfected.

At Ironville, a boy, nine years old, was taken to Hospital from Market Street, and a boy, eight years old, had the Disease in Foundry Row. These cases eventually proved to be the beginning of a Scarlet Fever Epidemic in this Parish. It afterwards turned out that the neighbouring localities, known as Codnor Park and Jacksdale, were both suffering from epidemic of Scarlet Fever. Both these districts are in the Rural portion of Basford, but the children from both places come to the school at Ironville.

At Victoria Street, three children were removed to Hospital with the disease, aged ten and three years respectively, the third case was that of an infant, seven months old, who died in Hospital from Scarlet Fever and Bronchial Complications a few days after admission.

This case was very pitiable. On my visit I found the inmates were husband and wife and seven children.

The husband had Phthisis, and the rest were paupers receiving parochial relief.

The next case was a boy, twelve years old, living in Albert Street. He went to Hospital.

Two other children, aged four and five years respectively, were removed to Hospital from a house in Victoria Street.

Another case was a girl, nine years old, removed to Hospital from Market Street.

The next case was a boy, seven years old, removed from King William Street.

Then came the son of Mr. Pegg, the schoolmaster, 16 years of age, removed from The Poplars to Hospital.

This young man was not connected with the schools, and he seemed to have a mild type of the Disease.

The next case was that of a boy, eight years of age, taken to Hospital from Furnace Row :

He was at school on the Monday, and was removed to Hospital on Wednesday. This would be one of those mild types of the Disease which are unrecognised by the parents at home, and are sent to school, where they propagate the disease.

I had in the meantime communicated with the Medical Officer of the Basford Rural District, and he informed me that there had been, within about a month, 16 cases of Scarlet Fever at the two villages Codnor Park and Jacksdale, and that 10 cases of the 16 had been removed to Hospital ; he also said the Disease seemed to be spreading.

I then decided that the schools should be closed.

There were 28 cases of Scarlet Fever within the school area, and I felt I had to deal with an epidemic of Scarlet Fever.

At High Street, Riddings, a boy, eight years old, had Scarlet Fever, and was nursed at the house at Riddings. The history of this case was very plain: About seven days before, Scarlet Fever was diagnosed in his case, he had paid a visit to a house in Ironville, where his two sisters had just been taken to Hospital with the Disease.

From a house in Well Lane, Riddings, three children were removed to Hospital, aged six, five, and four years. At this place the closet accomodation was defective, the back yard and the house floor were very much out of repair.

At Nottingham Road, Somercotes, a child, three years old, was removed to Hospital. The condition of the house and premises were satisfactory.

At High Street, Riddings, a boy, 12 years old, was taken to Hospital with the Disease, but the house and premises were sanitary.

At West Street, Greenhill Lane, a boy, four years old, was taken to Hospital; the backyard here was in a bad state.

At Birchwood, a girl, five years old, is nursed at home with Scarlet Fever. A gully is required to the drainage, the rain water spouting wants attention, and the yard is out of repair.

At Fletcher's Row, Ironville, two children, aged three and six years respectively, were removed to Hospital directly after I had closed the schools, and they must have been at that time in the incubative period of Scarlet Fever.

If history was required in these cases: at one house there had been visiting at Codnor Park, where the disease was epidemic; and at the other house visits had been made to a house in Ironville, where Scarlet Fever existed.

At both places insanitary conditions existed, but would be attended to by the owners.

At Riddings, a girl, six years old, was taken to Hospital. There was no satisfactory history, but there were the useless D traps to the drains, and another case of Scarlet Fever existed a few doors off at the same time, and a good deal is required to be done to make the row of houses sanitary.

A very sad case of malignant Scarlet Fever occurred at a house situate at Somercotes Hill: An adult young woman died from the disease after five days illness.

No satisfactory history could be obtained. She attended chapel on Sunday, felt poorly on Monday, and died on Friday. There wasn't anything to throw any light on the disease about the premises.

A trained nurse was in attendance, and every precaution taken. The house was clean and orderly.

A few days after the last mentioned case of Scarlet Fever removed from the block of houses at Riddings, another case, that of a child three years of age, was taken to Hospital.

At Spring Road, Riddings, a girl, eight years old, was removed to Hospital. There was no history, and the premises were fairly satisfactory.

The only part of the district where Scarlet Fever could be said to be epidemic was at Ironville, and to the best of my judgment I thought it necessary that the schools should be closed for six weeks. This is the usual period for Scarlet Fever cases, though some patients have not been considered free from infection till some weeks after that time of isolation.

There was unfortunately, slight temporary friction caused by these schools being closed.

It appeared the Education Department has issued a new code containing an article with reference to school closing, and your Medical Officer knew nothing of any alterations in these matters. The County Council authorities



had given no intimation of this altered code to Health Officers, which I think they should have done.

The total deaths from Scarlet Fever, in 1905, in England and Wales was 3,778.

### **Typhoid, or Enteric Fever.**

The first case occurred in the Queen's Head Yard, Alfreton. A young man, 15 years of age, had an attack of Influenza for a week or two previous to the attack of Typhoid Fever.

I got no satisfactory history of the disease.

This locality has been very much improved within the last year or two, in consequence of having been reported more than once on account of its insanitary condition.

Another case was at Ironville: A man, 61 years of age, was a lodger. No history could be obtained, and the house he lodged at was fairly satisfactory.

The water supply to these houses is from the owners' reservoirs (the Butterley Company), and strict scavenging is carried out throughout the village, pan-closets and ashbins.

A girl, 12 years of age, was taken from Ironville to Hospital with Typhoid Fever. The most minute enquiry failed to throw the smallest light upon the disease, except that she had been eating plums, and they had caused sickness and Diarrhœa.

The house was clean and orderly. Complaints were made about bad smells at the water tap in the lane at the back of these houses, and I found a strong smell of what I thought was gas all about the drain that carried away the waste water.

A very mild type of the disease was that of a little boy, three years old, at Leabrooks.

Some two or three weeks before, he had suffered from Measles and Pneumonia, and then this Typhoid set in. Every precaution was taken as far as I could learn, and he was isolated and nursed at home.

At Queen Street, Ironville, a boy, 17 years old, suffering from Typhoid Fever, was nursed at home in one of the living rooms by his mother. Disinfectants were used, and a special vessel provided for his evacuations, which were properly dealt with as far as could be.

I could get no history of the disease; the drains had a bell trap, and a gully was required.

The closets in this village are all pans, and are scavenged by the owners, the Butterley Company, every week.

A mild case of Typhoid Fever, at South Street, Greenhill Lane, was that of a boy, 14 years old.

There is nothing unsatisfactory about the premises, and no history of the disease could be made out.

No death was registered from this disease during the year 1905, and insanitary conditions which existed at the places above mentioned were dealt with at the time.

### **Puerperal Fever.**

A mild form of this disease occurred at Lincoln Street, Alfreton. I found on enquiry that both doctor and midwife were present at the confinement.

The woman was very ill the first 24 hours, and then began to be better. There was nothing about the premises to throw any light upon the cause: she seemed to be well nursed and cared for.



Another case occurred in Prospect Street. The woman was confined unexpectedly and neither Doctor nor Midwife were present. The Doctor arrived about an hour afterwards and the Midwife came a short time after the Doctor had made matters comfortable.

The case ended fatally a few days after confinement.

I made the usual investigation relating to the Midwife, under the new Midwife's Act and satisfied myself in all matters relating thereto.

There was nothing of an insanitary character about the premises, but I was told the woman had been out of health for some time previous to her confinement.

In this last case the Doctor was in attendance up to the death, and the Puerperal condition was, most likely, the result of the poor woman not having the benefit of skilled attendance at the time of her confinement.

### Measles.

This is a disease which I think cannot really be prevented, and Sanitation hasn't much, if any, effect upon it.

In very young children it is a serious disease, and although very many parents think it of very little or of no importance, yet there are somewhere about 13,000 children die of the disease annually, generally under five years of age.

The principal cause is the intermingling of children in schools and it is difficult to tell when the infection begins.

Infant schools are chiefly responsible for the spread of Measles, and I can't see what good can be got by children going to school under five years of age.

Their little brains would be much better at perfect rest so far as any attempt at instruction is concerned.

They are often sent to school to be out of the way, and placed under somebody else's care to relieve home responsibility for the time being.

The disease prevailed in February, March, July, September, and October, in Somercotes, Greenhill Lane, Riddings, Leabrooks, and Birchwood.

Sixteen deaths were registered from this disease.

It is not a notifiable disease; I was asked to close schools, but though I know of no other remedy I have not found school closing very satisfactory in Measles epidemic.

To close for less than a month is not of much use and I agree with the School Authorities that with Measles being epidemic in four or five contiguous parishes it is a serious matter.

I give below the deaths from the disease.

Greenhill Lane	Male	15 months
"	"	3½ years
"	"	3 years
"	"	18 months
"	Female	2½ years
Leabrooks	Male	3 years
Birchwood	"	22 months
Riddings	Female	3 years
"	Male	7 years
Somercotes	"	10 months
"	Female	18 "
"	"	18 "
"	Male	15 "
"	"	4 "
"	"	14 "
"	Female	7 "

Several of these cases had the complication of Pneumonia, which is invariably fatal in Measles.

The total number of deaths from Measles in England and Wales for 1905 was 10,751.

### **Cancer.**

This terrible disease is at present being investigated by some of the most scientific workers in this and other countries.

The registrar general's report for the year 1903 showed that Cancer was a more fatal disease among females than Tubercular Disease, and although Phthisis mortality has very much declined for several years, Cancer has not done so, but there are differences of opinion as to whether Cancerous disease has increased or not.

The nature of Cancer is the same in all vertebrate animals as it is in man.

Cancer has been found to occur in savage as well as civilised man and in wild as well as tame animals.

Local irritation—Alcohol, industrial influences—and the circumstances of modern human life may have some influence in setting up Cancerous irritation, but it must be borne in mind that Cancer occurs when most, if not all of them, are absent.

It is not an infectious disease, nor is it caused by a parasite, it is cellular and grows by the multiplication of its cells.

The Imperial Cancer Research Committee, from which I have gleaned the above facts, say that there is nothing in the investigations which points to actual increase in the deaths from Cancer.

The disease is found among all races and under all climates throughout the British Empire.

The disease is not transmissible from one species to a strange species.

Any attempts to directly ascertain the cause and nature of Cancer, are surrounded by so many sources of fallacy that they remain to-day as unprofitable, as they have been in the past.

This is the conclusion arrived at up to the present, after the most careful and scientific investigation.

In the year 1904 I reported 10 deaths from Cancer in the Alfreton district.

For the year 1905, there are eight deaths registered from Cancer as follows :—

Alfreton	Male	48 years	Cancer of the Liver
"	"	61 "	Rectum
Ironville	"	51 "	Intestines
"	Female	54 "	Liver
Riddings	Male	56 "	Rectum
Pye Bridge	"	51 "	Liver
Sleetmoor	Female	51 "	Breast
Somercotes	Male	33 "	Rectum

Published statistics of about 6,000 Cancer cases show that the mean age of the Male cases was 55 years.

The mean age of the Females was 49 years.

### **Phthisis and other Tubercular Diseases.**

According to the reports of the Registrar General, the death rate from Tubercular disease is about one half what it was 50 years ago.

Improved sanitation, better drainage, less over-crowding, improved dwellings, and more cleanly habits of the people, have all tended to reduce the mortality from this disease.

Residence in damp houses and living in dwellings where hardly any sunlight penetrates, poverty, and want of good nourishment are all conditions which render persons more susceptible to this disease which is now recognised as infectious and preventible.

The open air treatment of the Sanatoria has done, and is doing a good work.

The proposed institution for the County of Derby is just now in abeyance. Philanthropy has its limits, and other County matters claimed prior attention.

I don't know how the poor will go on, if they go to these Sanatoria, and are receiving real benefit, and then have to leave and return to their homes, and their poor surroundings.

In some villages they won't be able to procure the quantity of milk they have been used to, even if they could afford to purchase it, and the air of their own dwellings, and the cubic space of the cottages, with a family, will be a great change from the life in the Sanatorium.

I wonder whether small establishments would be better than the large institutions, where the atmosphere wouldn't be so infected as it might be where a large number of patients are resident.

Even supposing cure was possible, it would mean a long residence in the institution, but I dare say short periods would effect improvement and most likely prolong life.

The prevention of Tubercular Disease is the great thing to aim at, and if the measures necessary for such a purpose could be agreed upon, I think the cost wouldn't be very much greater.

At the present time Professor Behring's supposed cure for this class of disease must not be accepted so as to turn away from other matters of improved importance though his connection with the discovery of Anti-toxin, gives great importance to his scientific discoveries.

We must not forget the sensation produced by Professor Koch in the same direction some years ago, and which was quite a failure, even in his distinguished hands.

My own impression is that it is easier to prevent the disease than it is to cure it when once it is established.

To Professor Koch we owe the discovery of the Tubercle Bacilli. These very minute Parasites are found in different parts of the Body, and affect the Lungs, and so cause what we know as Phthisis, and when the Brain is affected it is called Tubercular Meningitis, and the Bowels, in cases of Consumption of the Bowels, or Tubercular Peritonitis, beside Scrofula, &c.

The Saliva or Spit contains large numbers of them, hence the danger of dried up Spittle getting mixed up with the dust and floating about in the air, which is one of the dangerous modes of infection.

The County Medical Officer recently issued printed notices warning persons of the danger of such a practice as spitting upon the floors of rooms and other covered spaces.

The following are the deaths caused by Tubercular Diseases in the Alfreton district during the year 1905 :—

In 1904 there were 16 deaths from this cause, and in 1905 14 deaths from Tubercular Disease were registered.

Alfreton	Female	39 years	Phthisis
"	Male	52 "	"
"	"	6 "	Tubercular Meningitis
"	"	5 "	" "
Greenhill Lane	Female	2½ "	" "
Ironville	"	7 months	" "
"	Male	23 years	Phthisis
Riddings	"	25 "	"
Somercotes	Female	51 "	"
"	Male	3 "	Tubercular Meningitis
Sleetmoor	Female	2 months	" "
Swanwick	Male	32 years	Phthisis
"	"	16 "	"
"	Female	11½ "	"

**Diarrhœa.**

Six deaths were registered as from Diarrhœa ;—

Ironville	Male	5 months
"	Female	9 "
Alfreton	Male	10 weeks
"	Female	9 "
Greenhill Lane	Male	4 months
"	Female	10 "

Enquiries made in these cases elicited the following histories, which are not applicable to any particular case, but applies to the Diarrhœa of either of them in one form or another.

Hand fed, milk and water. then all milk; no breast milk, diarrhœa from birth; barley water and milk; breast milk two months, then patent foods; partly breast milk and patent foods; no breast milk, weakly from birth; fed upon milk and barley water.

The total number of deaths from Diarrhœa in England and Wales during 1904 was 30,024.

**Enteritis.**

This is a form of disease which is characterised by a sort of Catarrh and a certain Inflammatory Condition of the Stomach and Bowels, and closely allied to a kind of Diarrhœa.

The following deaths from this disease were registered during the year 1905 :—

Alfreton	Male	63 years
Birchwood	"	11 weeks
Greenhill Lane	Female	8 months.
"	Male	3 "
Lea Brooks	"	4 "
Somercotes	Female	2 years
"	Male	5 years
"	"	7 "
Swanwick	"	4 months
"	"	4 years
"	"	4 months
"	Female	4½ years
Somercotes	Male	7 months
Alfreton	Female	39 years

**Erysipelas.**

The cases notified from this disease call for no particular notice. They were of the ordinary character, mostly what is known as Facial.

**Deaths.****INQUESTS AND ACCIDENTS.**

Alfreton	Female	54 years	Accidental burn from a lamp
Greenhill Lane	Male	64 "	Injuries to Brain
Riddings	"	57 "	Suicide by hanging
Somercotes	Female	67 "	ditto.
"	"	30 "	Suicide by Carbolic Acid



### Uncertified Deaths.

Alfreton	Male	14 weeks	Convulsions
"	"	81 years	Natural Decay
"	"	57 "	Syncope
Ironville	"	3 days	Natural Causes
"	Female	2 hours	Convulsions
"	"	67 years	Heart Failure
Lea Brooks	"	9 weeks	Convulsions
Riddings	Male	2 years	"
"	Female	36 "	Syncope
Sleetmoor	"	9 months	Convulsions
"	Male	70 years	Heart Failure
Somercotes	"	66 "	Natural Causes
Swanwick	Female	15 months	Convulsions

The above causes of death are presumed to be the cause of death in the absence of any Medical Certificate.

### Cerebro—Spinal Fever.

This somewhat rare disease is also called Cerebro—Spinal Meningitis and "Spotted Fever."

This disease occasioned very serious mortality in parts of America, and about the middle of the year 1905 cases of this same malady occurred in Northamptonshire.

At Somercotes a death was registered as having occurred from this disease in May, 1905.

A married woman, 31 years of age, resided with her mother, as did also her husband and three children.

Five days before her death she had sick headache and pains in her head, and was "Funny in her head," although she seemed to know all her own folks. She had pains in her side, and applied turpentine cloths, and got her bowels well acted upon.

These were the ailments described to me by her mother after the death, and in almost her own words.

The doctor was called in, for the first time, the day before she died, and he saw her three times, and diagnosed "Spotted Fever."

She appeared to be in a Comatosed condition for some short time before her death.

Her mother told me she "laid in bed rather queer."

This disease has been known in this country some fifty years or more, but has not been prevalent except at long intervals. "Spotted Fever" seems to be the popular name for it in New York, because certain cases of the disease have a sort of eruption or purplish spots of the skin.

It doesn't appear to be a disease easy of diagnosis, probably because so few cases have been seen in the same locality.

It is a very fatal disease, and affects the brain and spine, hence its name.

It is not quite agreed upon as to whether the disease is infectious or not, but it is wisdom to keep the sick and healthy apart.

In this case at Somercotes the house required thorough cleansing, and an order was served for that purpose after the death.

ALFRETON URBAN DISTRICT.  
BIRTHS AND DEATHS FOR THE YEAR 1905.

BIRTHS.

PARISHES.	BOYS.	GIRLS.	TOTAL.
Alfreton ... ..	75	86	161
Birchwood ... ..	14	16	30
Greenhill Lane ... ..	29	32	61
Ironville ... ..	29	17	46
Lea Brooks ... ..	20	17	37
Pye Bridge ... ..	7	7	14
Riddings ... ..	26	24	50
Somercotes and Sleetmoor ... ..	56	62	118
Swanwick ... ..	30	36	66
	286	297	583

Total Birth Rate for Alfreton District for 1905—31·77 per 1,000.

Total Birth Rate for England and Wales for 1905—27·2 per 1,000.

DEATHS.

PARISHES.	MALES.	FEMALES.	TOTAL.
Alfreton ... ..	30	29	59
Birchwood ... ..	9	4	13
Greenhill Lane ... ..	13	16	29
Ironville ... ..	10	14	24
Lea Brooks ... ..	6	3	9
Pye Bridge ... ..	2	0	2
Riddings ... ..	9	8	17
Somercotes and Sleetmoor ... ..	25	27	52
Swanwick ... ..	14	7	21
	118	108	226

Total Death Rate for Alfreton District for 1905—12·31 per 1,000.

Total Death Rate for England and Wales for 1905—15·2 per 1,000.

**Isolation. Hospitals.**

I refer again to this subject, because although we have had a much less number of notifications to deal with as compared with the year 1905, there have been occasions when the beds at the Hospital have all been occupied, and several cases of Scarlet Fever couldn't be sent there.

I have for some time advocated a Sanatorium or Convalescent Home in connection with these institutions, and I am of the same opinion with regard to their utility and necessity, and feel sure the thing would be carried out, only for its expense, which I quite admit would be a serious matter.

What I have thought about recently is that a large Discharge Ward ought to be erected in the present grounds of the existing Hospital, to relieve the pressure which does now and then exist.

There must be very often very many patients who are ready to be discharged from Hospital within a few days, and these cases would benefit by removal to a ward where new cases of the disease were not admitted; and there would no longer be a scarcity of beds for those who required them.

These patients who are practically cured of Scarlet Fever and only waiting the generally prescribed period of detention, are surrounded with Fever cases in all its stages, and the entire atmosphere of the ward must be impregnated with disease products. To spend the last week or so in a well ventilated Discharge Ward would make them much more fit to go to their homes, without risk to those around them.

At present, there is no isolation in the strict sense of the word, and it is becoming more generally recognised that Scarlet Fever is spread more by discharges from the nose, throat, and ears, than it is by what is known as desquamation, or peeling of the skin.

There is no doubt, that with all its disadvantages, the Hospital is useful in very many instances, and it is not the management that is faulty, but the system can be amended and improved in many ways.

### **Infantile Mortality and Birth Rates.**

In most civilised countries the Birth Rate has been gradually getting less each year, but whatever may be its ultimate consequences, the fact that the Death Rate has also been steadily falling for several years past, will, if it continues, modify its effect.

It is very much lower in France than in any other country that we know of, and there they are giving their attention to some sort of measures so that the children that are born shall have their lives looked after so that as many as possible shall survive.

In this country we get an average number of children to each inhabited house of about five, or perhaps slightly less.

It is said that in Russia the average number of children to each married couple is about six, or a little over.

As one means of preserving infant life it has been suggested that Life Assurance should not be so readily available as it is, and I believe in France no insurance on a life can be effected under 10 years of age. I am one of those who think some such measure is desirable.

There are about one hundred and forty thousand children die annually in this country during the first year of their existence.

There seems to be an increasing disinclination on the part of mothers to suckle their own offspring, a shrinking from their maternal duties; they don't like the trouble and restrictions which suckling imposes upon them.

The suckling of their own offspring is a duty which nature has imposed upon mothers, and it is a wholesome and natural discipline, to say nothing about the increased affection which it produces in the child.

Mal-Nutrition of the infant is largely responsible for the death of the child.

In a certain borough of England a strict investigation was made upon this subject. Statistics proved that of 957 breast-fed children, only 20, or about two per cent., were found to be in a delicate state of health.

Of the artificially fed infants, 31 per cent. were found to be healthy, and 68 per cent. were weakly and delicate in health.

Every good mother desires that her child shall be strong and vigorous, and she has it in her power to carry out her wishes.

Delicate mothers require care and attention before the child is born, and very often deficient nourishment at this stage is one of the causes of infant mortality.

Poverty of course is one of the causes of infant mortality, and this is often due to early marriage, and then the mother is unable to rear her child



in the natural way. Then comes the bottle with the impurities of the milk which it has gathered from the atmosphere of the place where it has been stored.

It is remarkable that while the general death rate has been so very much reduced, the infantile death rate has remained stationary, if not actually increased.

The average infantile death rate in the Alfreton district for the last 10 years is as high as 156.64 per 1,000.

For the information of the uninitiated, I may explain that the infant death rate is estimated by the proportion of children who die under the age of one year to every thousand children born in the same year.

The infantile death rate for England and Wales for 1905 is 128 per 1,000.

The infantile death rate for Alfreton district is 128.64 per 1,000, and this is much too high, especially in a district where there are no large factories taking the women away from their families to work.

The Local Government Board has this year required a special table dealing with mortality, giving the weeks and months at death. This will be found on Table V. of this report.

### **Factories and Workshops Act, 1901.**

There are 59 workshops in the Alfreton district, and there has been regular visits of Inspection to these shops during the year 1905.

Not all of these shops are of a modern type, but they are fairly clean and in tolerably good state of repair.

With regard to certain improvements and alterations, there is hesitancy and complaints at first, but after some explanatory conversation they are readily complied with without having re-course to legal notices, which would in many cases produce friction and cause delay.

This system takes up more time, but it is satisfactory in the end.

There have been 38 Inspections of the home-workers' premises, which were generally cleanly and satisfactory.

There have been 143 Inspections of workshops.

Thirty-eight Inspections of home-workers' premises and three notices have been served upon workshop owners for failure to send lists of out-workers.

Several verbal notices for cleaning and other nuisances.

Speaking of the requirements of the Act generally, there is no disposition to neglect, shirk, or make loud complaints of what is necessary to be done.

EDWARD GAYLOR, Medical Officer of Health.

JOB SPENCER, Inspector of Nuisances.

### **Scavenging.**

This important work is carried out by contract. The district appears to be divided into seven portions, with a contractor to each.

There is no doubt that the Council have very expensive and necessary works under consideration at the present time, but I have always hoped that they would eventually see their way to do the work with their own working staff. There would not be so much delay, and the Inspector wouldn't have to write such a large number of letters to the contractors, and the work would be done better.

I am quite aware of the very deep ash-pits there are in the district, and these all require filling up to ground level, and easier openings made, so as to facilitate removal of the contents.



At Ripley Urban District this is being done gradually, and as the scavenging is done by their own staff, everything is much more easy and agreeable.

### **Sewerage.**

Connections of new houses, etc., have been made to the sewers, and the general system has been overhauled and repaired, manholes examined and cleaned out at proper intervals.

### **Water Supply.**

This has proved a very serious and expensive matter. It has constantly been under the consideration of the Council for two or three years past.

Various schemes have been tried, and yet the question hasn't advanced very much up to the present time.

An eminent Water Engineer has just issued a most elaborate report of a very costly nature, and though this water question is of supreme importance, yet the matter requires great thought and intelligent judgment whether from its prime public necessity or as a naked rate-payers' question. There may be other public works requiring and awaiting attention, but the water supply is the most urgent, and should take precedence of all other matters in the local Government of this district.

### **General Inspection and Disinfection.**

There have been 69 cases of Scarlet Fever during the year 1905, and the houses have been disinfected.

When patients have been removed to Hospital the houses have generally been disinfected the same day. The total houses disinfected have been 53, and eight schoolrooms.

I am quite certain no district could be better looked after than is the Alfreton district, Inspector Spencer is both prompt and efficient, and all his duties are well and systematically carried out. In most of my inspections he accompanies me, and I find his assistance most valuable and practical.

Even in houses where the Fever patient has been kept in the ordinary living room with other members of the family mixed up with the case, disinfection has been carried out under the most difficult circumstances, because the process couldn't be carried out in its entirety, as it would necessitate the inmates removal from the premises at the least for a period of 12 hours, and much better if it were 24 hours.

In a case of malignant Scarlet Fever of a very serious character, one bed and three pillows were destroyed by the Inspector at the request of the householder.

We are gradually getting rid of the filthy old midden system, and this year 20 of them have been transformed into pail closets. These pail closets are no favourites of mine, but with the Council's weekly scavenging they are far preferable to the midden closets.

At present water carriage is the best form of disposal, but while the very difficult question of water supply is unsettled we cannot enforce water closets so that during the year only three common privies have been made into water closets.

We are also, by degrees, getting provided additional closet accommodation. I have always advocated that every cottage should have its own private closet. There have been 20 additional closets provided during the year.

Seventeen open ashpits have been provided with proper coverings. It is very difficult to convince cottagers (who often complain of bad smells from ashpits near their houses), that they should burn on the fire all house refuse

such as vegetable matter (where no pigs are kept), and many other things. It is this refuse which heats and ferments with the rain and sunshine, which creates this disagreeable odour, and I tell them, ashes kept dry, in covered ash places can be no nuisance if other matters are destroyed by burning.

Forty-eight articles of bedding, etc., have been disinfected at the Isolation Hospital.

Four hundred and fifty nuisances have been abated and 43 defective traps to drains have been made good.

### **Dairies, Cowsheds and Slaughter-Houses.**

These have all been regularly visited and defects remedied and gradually improved in drainage and ventilation.

### **The Common Lodging-Houses.**

These are systematically inspected and great attention paid to cleanliness, ventilation and other matters regulated to keep them free from infection, and also to render them fairly comfortable for the class who frequent them.

## **GENERAL SUMMARY OF DISEASES AND BIRTH AND DEATH RATES FOR THE YEAR, 1905.**

Estimated population, 18,350. Total number of deaths from all causes, 226.

Total Rate per 1,000	12.31
Notifiable and Zymotic Diseases	1.52
Enteritis	.76
Phthisis	.43
Other Tubercular Diseases	.32
Cancer	.43
Bronchitis	.81
Pneumonia	.81
Heart Disease	1.19

### **Infant Mortality**

measured by deaths under one year to the number of births.

Deaths under one year, 75. 128.64 per 1,000.

The Infant Mortality of England and Wales for 1905—128 per 1,000.

### **Deaths at Various Age Periods.**

75 Children under one year of age	4.08 per 1,000
109 One year and under five years	5.94 „ „
6 Five years to 15 years	.32 „ „
8 Fifteen years to 25 years	.43 „ „
69 Twenty-five years to 65 years	3.76 „ „
34 Sixty-five years and upwards	1.85 „ „
118 The male deaths were	6.43 „ „
108 The Female deaths were	5.88 „ „

The 109 deaths under five years of age died at the mean age of 11 months and this was equal to 48 per cent. of the total deaths.

Thirty-four persons died at the age of 65 years and upwards and their mean age at death was 76 years. This was equal to 15 per cent. of the whole number of deaths.

The total death rates for England and Wales for 1905 was 15.2 per 1,000.

The total death rate for the Alfreton District in 1905 was 12.31 per 1,000.

### **Births.**

Two-hundred and eighty-six boys and 297 girls were born during the year 1905, making a total of 583.

This gives a total birth rate for the year 1905 of 31·77 per 1,000.

The birth rate of England and Wales for 1905 is 27·2 per 1,000.

Alfreton birth rate for the last 10 years has averaged 34·70 per 1,000.

The birth rate of England and Wales has been gradually declining for the last few years and it is a subject for serious consideration, hence the importance of promoting everything likely to prolong the life of those that are born.

Alfreton district has a high birth rate and a low death rate.

Sixty years ago the average duration of human life was 30 years.

According to the most recent life tables it is now 49 years

The average life in Rural districts (in expectation at birth) is 51 years for males and 54 for females.

This concludes my report for the year 1905, which may be looked upon as very satisfactory.

The somewhat high mortality rate for notifiable and zymotic diseases is caused by the 16 deaths from measles which is not a preventible disease.

The five deaths from Scarlet Fever are equal to a death rate of ·27 per 1,000 and the six deaths from Diarrhoea ·32 per 1,000.

The death rate from the seven principal infectious diseases for England and Wales for 1905 is 1·52 per 1,000.

As the report shows both myself and Inspector Spencer have throughout the year been taking every measure for the prevention of disease and improving the general condition of the district. I thank you, as a Council and your clerk for the assistance rendered in the exercise of my duties, and trust that the mutual confidence which has existed for 33 years may still continue.

I remain, Mr. Chairman and Gentlemen,

Yours faithfully,

**EDWARD GAYLOR,**

Medical Officer of Health.

## INSPECTOR SPENCER'S REPORT.

---

TO THE CHAIRMAN AND MEMBERS OF THE ALFRETON URBAN  
DISTRICT COUNCIL.

GENTLEMEN,

I have the honour of presenting the Tenth Annual Summary of Work carried out during the year 1905.

**House Inspections.**—I have made 30 inspections of houses, and have given 10 notices for the repairs of same, and one notice for lime washing and cleaning.

**Drainage.**—I have made 300 inspections of drains, and have given 51 notices for the repairs of defective drains and for gully traps in lieu of the old Lip, D, and Bell traps. I have tested 8 drains and found them defective. These were relaid and made good.

**Back Yards.**—I have made 100 inspections of back yards, and have given 20 notices for the repairs and relaying of the same.

**Eave Spouts.**—I have given 3 notices for the respouting of houses.

**Privies and Ashpits.**—I have made 160 inspections of defective privies and ashpits, and have given 68 notices for the repairs of same. 20 old privies have been converted into pail closets. I have given 20 notices for additional closet accommodation.

**Additional Ashpits.**—I have given 17 notices for new ashpits and ashbins. The outcome of these notices are that 17 houses have got covered in receptacles for the house refuse instead of throwing the refuse in heaps on the ground for the small children to play with. Three privies have been converted into water closets. This has greatly improved the premises, and I am sure it will repay the owner for his outlay, and will be a great benefit to the tenants.

**Water Closets.**—I have made 50 inspections of water closets, and have given two notices for the repairs of same.

**Urinals.**—I have made 10 inspections of urinals, and have given two notices for the repairs.

**Slopstone Waste Pipes.**—I have given 13 notices for lead waste pipes to be fixed to slopstones in lieu of the old-fashioned brick peers.

**Common Lodging Houses.**—I have made 23 inspections of common lodging houses. All the houses have been well cleaned.

**Slaughter-houses.**—I have made 80 inspections of slaughter-houses, and have given six notices for the cleansing of same.

**Pig-styes.**—I have made 100 inspections of pig-styes.

**Bakehouses.**—I have made 59 inspections of bakehouses, and given one notice for alterations.

**Infectious Cases and Disinfecting.**—I have made 130 visits to infectious houses, and I have disinfected 53 houses and 8 school-rooms, sent 48 articles of infectious bedding, &c., to Belper Joint Hospital to be disinfected, and I have destroyed 1 bed and 3 pillows after a very bad case of fever. I seized 8 couples of rabbits and had them destroyed. I have collected 3 samples of water for analysis.



**Scavenging.**—This work has been done as in previous years, viz., by seven contractors—each having one district. During the year the scavengers have removed 12,637 loads of refuse, this being 1,470 loads more than last year. This is an average of three loads and one-third per house, at a cost of one shilling and ninepence-halfpenny per load. To keep the contractors up to their work, I have had to make 1,645 inspections of privies and ashpits, and have sent 260 notices, and written 21 letters. I have also made 650 inspections of work in progress. These inspections were made in respect of repairs and alterations of buildings.

I remain,

Yours obediently,

**JOB SPENCER,**

Inspector of Nuisances.

---

TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1905 AND  
PREVIOUS YEARS.

Name of District—ALFRETON URBAN.

Year.	Population estimated to Middle of each Year.	Births.		Total Deaths registered in the District.			
		Number.	Rate.*	Under 1 Year of Age.		At all Ages.	
				Number.	Rate per 1000 Births registered.	Number.	Rate.*
1	2	3	4	5	6	7	8
1895	16178	581	35·91	99	170·49	216	13·24
1896	16385	593	36·19	91	153·45	286	17·05
1897	16703	594	35·56	103	173·40	286	16·87
1898	16911	594	35·13	110	185·18	276	16·61
1899	17181	558	32·48	98	175·62	286	16·22
1900	17418	576	33·06	78	135·42	288	16·03
1901	17560	633	36·04	97	153·23	241	13·72
1902	17651	591	33·48	87	147·20	233	13·20
1903	17840	635	35·59	85	133·85	254	14·23
1904	18200	611	33·57	83	135·84	243	13·35
Averages for years 1895-1904.	17202	596	34·70	93	156·36	260	15·05
1905	18350	583	31·77	75	128·64	226	12·31

\* Rates in Columns 4 and 8 calculated per 1,000 of estimated population.

Area of District in acres (exclusive of area covered by water)—4625 acres.

Total population at all ages ... 17,560 (at Census of 1901).

Number of inhabited houses ... 3,515      „      „

Average number of persons per house 4·71      „      „

TABLE II.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING  
THE YEAR 1905.

Name of District—ALFRETON URBAN.

Notifiable Disease.	Cases Notified in whole District.							Total Cases Notified in each Locality.								
	At all Ages.	At Ages—Years.						Alfreton.	Birchwood.	Greenhill Lane.	Ironville.	Leabrooks.	Pye Bridge.	Riddings.	Somercotes & Sleetmoor.	Swanwick.
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.									
Small-pox .. ..																
Cholera .. ..																
Diphtheria .. ..																
Membranous Croup																
Erysipelas .. ..	22			2	1	16	3	1	2	3	4	2	1	1	7	1
Scarlet Fever ..	69	1	25	37	4	2		14	2	7	19	3	1	12	11	
Typhus Fever ..																
Enteric Fever ..	6		1	2	2	1		1		1	3	1				
Relapsing Fever ..																
Continued Fever ..																
Puerperal Fever ..	2					2		2								
Plague .. ..																
Totals .. ..	99	1	26	41	7	21	3	18	4	11	26	6	2	13	18	1

EDWARD GAYLOR, Medical Officer of Health.

TABLE III.

CASES OF INFECTIOUS DISEASE ADMITTED TO ISOLATION  
HOSPITAL DURING THE YEAR.

Name of District--ALFRETON URBAN.

Notifiable Disease.	Cases Notified in whole district.							Total Cases Notified in each Locality.								
	At all Ages.	At Ages—Years.						Alfreton.	Birchwood.	Greenhill Lane.	Ironville.	Leabrooks.	Pye Bridge.	Riddings.	Somercotes & Sleetmoor.	Swanwick.
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards									
Small-pox .. ..																
Cholera .. ..																
Diphtheria .. ..																
Membranous Croup																
Erysipelas .. ..																
Scarlet Fever ..	49	2	15	27	3	2		9		5	18	2		10	5	
Typhus Fever ..																
Enteric Fever ..																
Relapsing Fever ..																
Continued Fever ..																
Puerperal Fever ..																
Plague .. ..																
Totals ..	49	2	15	27	3	2		9		5	18	2		10	5	

Isolation Hospital—Heage Firs, near to the Belper Boundary.

EDWARD GAYLOR, Medical Officer of Health.



TABLE IV.

CAUSES OF, AND AGES AT, DEATH DURING YEAR 1905.

Name of District—ALFRETON URBAN.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.						
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15	15 and under 25	25 and under 65	65 and upwards.
1	2	3	4	5	6	7	8
Small-pox .. .. .							
Measles .. .. .	16	2	13	1			
Scarlet Fever .. .. .	5	1	2	1	1		
Whooping Cough .. .. .							
Diphtheria & Membranous Croup							
Croup .. .. .							
Fever { Typhus .. .. .							
{ Enteric .. .. .							
{ Other continued .. .. .							
Epidemic Influenza .. .. .	2					2	
Cholera .. .. .							
Plague .. .. .							
Diarrhœa .. .. .	6	6					
Enteritis .. .. .	14	8	2	2		2	
Puerperal Fever .. .. .	1					1	
Erysipelas .. .. .							
Other Septic Diseases .. .. .							
Phthisis .. .. .	8			1	2	5	
Other Tubercular Diseases .. .. .	6	3	1	1		1	
Cancer, Malignant Disease .. .. .	8					8	
Bronchitis .. .. .	15	5	2			1	7
Pneumonia .. .. .	15	11	1			3	
Pleurisy .. .. .	1					1	
Other Diseases of Respiratory							
Organs .. .. .							
Alcoholism .. .. .							
Cirrhosis of Liver .. .. .	5					3	2
Venereal Diseases .. .. .							
Premature Birth .. .. .	12	12					
Diseases & Accidents of Parturi-							
tion .. .. .	1				1		
Heart Diseases .. .. .	22	1			1	15	5
Accidents .. .. .	2					2	
Suicides .. .. .	3					2	1
All other causes .. .. .	84	26	13		3	23	19
All causes .. .. .	226	75	34	6	8	69	34

EDWARD GAYLOR, Medical Officer of Health.

TABLE V.

INFANTILE MORTALITY DURING THE YEAR 1905.  
Deaths from stated Causes in Weeks and Months under One Year of Age.

Name of District—ALFRETON URBAN.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
<i>All Causes—</i>																	
Certified .. ..	..																
Uncertified .. ..	..						1	1						1			3
<i>Common Infectious Diseases—</i>																	
Small-pox .. ..	..																
Chicken-pox .. ..	..																
Measles .. ..	..											1			1		2
Scarlet Fever .. ..	..											1					1
Diphtheria: Croup .. ..	..																
Whooping Cough .. ..	..																
<i>Diarrhoeal Diseases—</i>																	
Diarrhoea, all forms .. ..	..						2		1	1					1	1	6
Enteritis (not Tuberculous) .. ..	..							1					1				2
Gastritis, Gastro-intestinal Catarrh .. ..	..						1	1	1			1	1				5
<i>Wasting Diseases—</i>																	
Premature Birth .. ..	..	10			10												
Congenital Defects .. ..	..																
Injury at Birth .. ..	..																
Want of Breast-milk .. ..	..																
Atrophy, Debility, Marasmus .. ..	..		2	1	3	2		1	1	1			1				6
<i>Tuberculous Diseases—</i>																	
Tuberculous Meningitis .. ..	..						1			1							2
Tuberculous Peritonitis: Tabes .. ..	..																
Mesenterica .. ..	..																
Other Tuberculous Diseases .. ..	..											1					1
<i>— — — — —</i>																	
Erysipelas .. ..	..																
Syphilis .. ..	..																
Rickets .. ..	..																
Meningitis (not Tuberculous) .. ..	..					1	1					1			1		4
Convulsions .. ..	..	1			1												
Bronchitis .. ..	..		1		1	1		1	1		2				1		6
Laryngitis .. ..	..																
Pneumonia .. ..	..					1				1	2	1	1	1	1	1	9
Suffocation, Overlaying .. ..	..																
Other Causes .. ..	..	4	2		6	2		1				1		1		2	7
		15	2	2	2	21	7	6	5	5	4	4	7	4	4	3	54

Births in the year { Legitimate—583.  
                              { Illegitimate—No record.  
Deaths from all Causes at all Ages—226.  
Population (estimated to middle of 1905)—18,350.

EDWARD GAYLOR, Medical Officer of Health.